

APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

I request that my application fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Examination Title(s)	Exam No(s).	Examination Test Date
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Check the box(es) below that apply to you:

☐

I am currently unemployed and I am primarily responsible for support of a household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.**

I am currently:

☐

Eligible for Medicaid

☐

Receiving Supplemental Security Income (SSI) payments

☐

Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance):

Enter Public Assistance Case Number

☐

Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

*****CERTIFICATION*****

I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and affirm under penalty of perjury that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver, and that I may be further subject to any other penalties provided by law.

Candidate's First and Last Name (Please Print)

Candidate's Social Security Number

Candidate's Home Address

Date

City, State and Zip Code

Candidate's Signature

STATE OF NEW YORK)

) ss:

COUNTY OF ORANGE)

On the ____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted; executed the instrument.

NOTARY PUBLIC